



DUNKLEY'S GYMNASTICS

22 Ayers Drive Jericho Vermont 05465 (802-899-3479)
After 6/16.....35 Kibbe Farm Road So. Hero Vermont 05486 (802-372=8898)

Release Form

Camper's Name _____ Birth Date: _____ Age: _____
 Social Security Number: _____
 Address: _____
 Home Phone: _____ Cell: _____ Business: _____
 Emergency Name/Relationship/Number: _____
 Mother/Guardian: _____ Father/Guardian: _____
 Level: _____ Would like to "Bunk"with:: _____
 Special Allergies: _____
 My child is allowed to see: 'G' movies__ 'PG' movies__ "PG-13" movies__
 Optional: Religious attendance required _____ Lights Out Deadline _____
 Special Dietary Requests/Needs: _____ Special Training: _____
 **PLEASE INCLUDE A PHOTOCOPY OF YOUR CHILD'S INSURANCE CARD.
 Insurance: _____ Policy/Group #: _____

I being the legal parent/guardian of the above camper, a minor, in consideration of your acceptance of my child into the Dunkley Gymnastic Camp, and in consideration of the opportunity to improve gymnastics and other athletic skills through the use of your equipment and staff, do forever release the camp owners, staff, directors, officers of Dunkleys Gymnastics Inc. from any and all claims, demands, rights of action, present or future, resulting from or arising out of the gymnastic/camper use of Dunkleys or its facilities. I understand that participation in Gymnastics and all other camp activities involves motion, rotation and height in a unique environment, and as such carries with it the risk of minor injury, such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck or head. The camp is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the camper or the camper's family.

I hereby authorize the staff at Dunkleys Gymnastics Camp to act for me according to their best judgment in any emergency requiring medical attention. My signature verifies that my child is fit to train or compete in gymnastics with no restrictions, if any limitations are recommended, following the date of this signature, I will notify camp immediately. I also expressly grant to the camp the right to film, videotape, and photograph and make any reproduction of the camper's physical likeness to display or use for advertising/publicizing camp.

My child has permission to take Advil_/Tylenol__ for headaches at camp. The camp director will monitor all medical emergencies.

Parent's or Guardian's Signature

Date